



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2015

Mr. Michael Breslin, Special Assistant to the CEO
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: Peiffers Lane Personal Care Home
1460 Peiffers Lane
Steelton, Pennsylvania 17113
License #: 310360

Dear Mr. Breslin:

As a result of the Department of Human Services' licensing inspection on February 4, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 28, 2015 to March 28, 2016 was issued on January 21, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident 1, admitted 12/30/14, did not have a resident-home contract completed until 1/29/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective immediately, the Administrator/Designee will review the Resident-Home Contract with an incoming resident and sign the contract the day of admission. The chart will be included in the monthly chart audit rotation. Chart audit results are submitted to the NHS Quality Improvement representative by the 10th of each month.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Breslin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breslin Special Assistant to the CEO* Date *3/16/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/8/15</u> (Date)	Plan of correction implementation status as of <u>4/8/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1 was not signed by the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The payer signature for resident #1 was obtained on 2/13/15 (See attachment A). Effective immediately, the Administrator/Designee will have the payer sign the contract in a timely manner. A copy of the contract will be faxed/mailed to the payer for signing the first day of business after the contract is signed by the resident. The chart will be included in the Quality Improvement monthly chart audit. Chart audit results are submitted to the NHS Quality Improvement representative by the 10th of each month.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Breda*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breda, Special Assistant to the CEO* Date *3/16/15*

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's 2014 quality management review did not address complaint procedures and staff person training.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective February 18, 2015, the monthly NHS Capital Region Local Performance Quality Improvement (LPQI) meetings will include a regular agenda item regarding Complaint procedures and Staff person training. LPQI meeting minutes to be reviewed upon receipt by the Program Director/Designee to ensure the discussion was documented. (See attachment B)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michael J. Genslin

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

*Michael J. Genslin
 Special Assistant to the CEO*

Date

3/16/15

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 (Initials)

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- Not Implemented

Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Persons A and B in training year 2014 did not include medication self-administration training.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective March 12, 2015, the annual training description will be updated so that the DPW Medication Refresher training, chapter 10—Self Administration will include house specific references to issues relating to medication self-administration of the current population in the personal care home. (See attachment C) Both staff persons A and B did complete the DPW medication refresher using the online course which included section lesson 10, Self Administration of Medicines. (See attachment D) Trainings to be monitored by Assistant Director/Training Supervisor using the on site training spread sheet as well as the online My NHS Companywide knowledge base tracking system.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Besslin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Besslin* Date *3/16/15*
Special Assistant to the CEO

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person;
- (2) The required training courses for each staff person;
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2015 staff training plan does not include dates, times and locations of the scheduled trainings for the year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective February 20, 2015, the Assistant Director developed the attached training plan including Dates, Times and Locations of scheduled trainings for the year. The Assistant Director/Training Supervisor will develop the training plan for the calendar year 2016. Program Director will review 2016 training plan upon completion. (See attachment E)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michael J. Pesta

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Michael J. Pesta
 Special Assistant to the CEO

Date

3/16/15

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 The home's steps on both outside decks were covered in snow and ice.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective immediately, the maintenance will keep all steps are free of ice/snow. Staff will monitor walkways, ramps, and decks on appropriate inclement weather days and help with salt application and shoveling as needed. In addition, the Administrator/designee/staff will monitor and assist with salt application and shoveling as needed. The administrator will consult with the Swatara Township Fire Marshal regarding the ability of the home to limit yard only access pathways during times of snow and ice issues.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Michael J. Bestin*
 (Required on EVERY Page) Date: *3/16/15*
Special Assistant to the CEO

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 (Date)

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 (Initials)

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's Haloperidol 5 mg tab was discontinued on 10/30/2014. This medication is still present in the home in the medication cabinet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective immediately, the monthly MAR review will be completed by the Nursing supervisor/assistant director by removing all meds from the bin for the resident. The person reviewing the medication will match the MAR to the label on the medication, putting that medication into the bin. The person doing the review will check to see if there is an active script for any medication which is not back in the bin. If there is no current script, the medication will be disposed of properly. Staff will be retrained regarding this protocol by 3/31/2015. The discontinued medication was disposed of in the Bio-Hazard container to be disposed of by BioHaz Solutions.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breslin*
 Date *3/26/15*
Special Assistant to the CEO

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 does not include Ureacin 20% cream. This medication is prescribed and is located in the medication cabinet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication for Resident #2 has since been discontinued by the prescribing physician due to the consistent refusal of use by the resident. Effective immediately, the monthly MAR review will be completed by the Nursing supervisor/assistant director by removing all meds from the bin for the resident. The person reviewing the medication will match the MAR to the label on the medication, putting that medication into the bin. The person doing the review will check to see if there is an active script for any medication which is not back in the bin. If there is no current script, the medication will be disposed of properly.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael J. Breglin*

Printed Name and Title of Legal Entity Representative *Michael J. Breglin* Date *3/16/15*
 (Required on EVERY Page) *Special Assistant to the CEO*

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Violation Report: 31036 - 02/04/2015 - Gensil, Lori
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective immediately, the resident's rights which are reviewed upon intake will include the line, "You have the right to ~~refuse medication~~ * During the monthly PQI chart review, the reviewer will check to see if the right has been included. Chart audit results are submitted to the NHS Quality Improvement representative by the 10th of each month. (See attachment F)

* question or refuse a medication if the resident believes there may be a medication error.
 CB 4/8/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Michael J. Reilly

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Michael J. Reilly
 Special Assistant to the CEO

Date 3/14/15

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The above plan of correction is approved as of 4/8/15
 (Date)

The above plan of correction was approved by CB
 (Initials)

Plan of correction implementation status as of CB
 (Date)

- Fully Implemented
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